

Hospital Transformation Program

Scoring Framework

August 13, 2019



CHASE

Colorado Healthcare Affordability and
Sustainability Enterprise

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I. Background

Consistent with the Colorado Healthcare Affordability and Sustainability Enterprise Act of 2017, the Colorado Health Care Affordability and Sustainability Enterprise (CHASE) in concert with the state of Colorado Department of Health Care Policy & Financing (the Department) will seek approval from the federal Centers for Medicare and Medicaid Services (CMS) for the federal authority necessary through a combination of State Plan amendments and waiver authority to embark on a five-year program to implement hospital-led strategic initiatives through the establishment of a delivery system reform program.

The state will leverage hospital supplemental payment funding generated through existing healthcare affordability and sustainability fees authorized under CHASE. These payments will be used as incentives in a statewide Hospital Transformation Program (HTP) designed to improve patient outcomes through care redesign and integration with community-based providers, lower Medicaid costs through reductions in avoidable care, and prepare the state's hospitals for future value-based payment environments.

This document outlines a proposal for a general framework for how hospitals will be evaluated on identified measures for the HTP. The recommendations contained within this report are intended to guide and inform the decision-making process to finalize the program framework. The decision-making process for finalizing this proposal will include significant collaboration with key stakeholders including the Department, the CMS, the CHASE Board, the Colorado Hospital Association, participating hospitals, and broader stakeholders participating in the program.

II. Overview

As part of the HTP, hospitals will receive supplemental payments based on their activity and performance on certain collaboratively-developed measures.

For each intervention and measure, hospitals will be asked to develop improvement plans with clear milestones for the first two years of the program and improve performance in years 3 through 5 across a series of measures important to improved processes of care, improved health outcomes, and

reducing avoidable utilization and costs. In addition, hospitals will be asked to produce a plan for sustainability of projects and performance in the final year of the demonstration.

The Department is recommending measure scoring for the HTP that includes a combination of measures for all hospitals statewide and local measures selected by each individual hospital to align with their improvement priorities and community needs.

III. HTP Evolution

During the pre-program period, referred to as program year 0 (PY0), qualified hospitals are tasked with conducting a Community and Health Neighborhood Engagement (CHNE) process to inform the hospitals' HTP projects and cultivate the meaningful partnerships that will be critical to the success of the overall program. It is mandatory every hospital participating in the HTP complete all components of the CHNE process.

The first year of the HTP—referred to as PY1—will be the first of five years of the program. Throughout the program period, the Department seeks to continue its efforts to increase transparency through public reporting on quality measures and hospital utilization. As the HTP evolves, the payment structure will shift from pay-for-reporting and pay-for-action in PY1 and PY2 to pay-for-quality and pay-for-performance beginning in PY3, with the percentage of hospital risk increasing incrementally each year through PY5.

As the program matures into the post-program time period, the Department anticipates efforts will be sustained or enhanced with the adoption of value-based and/or alternative payment methodologies, and efforts will be undertaken to define, evaluate, and identify centers of excellence.

A. Downside Risk - Pay for Reporting and Activity, Pay for Achievement, Performance and Improvement

Hospitals will be at-risk for a sequentially increasing percentage of their payments. The schedule for at-risk dollars is as follows:

- In **PY1**, 4% of payments will be at-risk, with 1.5% at risk each for hospital applications and implementation plans, and 1% at risk for timely reporting.

- In **PY2**, 6% of payments will be at-risk, with 2% at risk for timely reporting, and 4% at risk for meeting major project milestones.
- In **PY3**, 15% of payments will be at-risk, with 2% at risk for timely reporting, 8% at risk for meeting major project milestones, and 5% at risk for meeting or exceeding measurement or improvement thresholds. For hospitals who miss their milestones, 50% of the penalty can be earned back by submitting a course correction plan.
- In **PY4**, 20% of payments will be at-risk, with 2% at risk for timely reporting and 18% at risk for meeting or exceeding measurement or improvement thresholds.
- In **PY5**, 30% of payments will be at-risk, with 2% at risk for timely reporting, 8% at risk for submission and approval of the sustainability plan, and 20% at risk for meeting or exceeding measurement or improvement thresholds.

Please see Appendices A and B for further information.

B. Upside Risk - Redistribution of Penalty Dollars, and Medicaid Savings Bonus

While hospital payments will be at-risk for certain activities, hospitals will also be able to receive an upside risk comprised of a redistribution of penalty dollars and savings bonuses. For PY1 through PY3, this upside risk will comprise only a redistribution of penalty dollars. In PY4 and PY5, it is recommended savings bonuses will also be included in the upside risk.

The redistribution methodology needs to be determined, and could, for example, be paid to the highest performers and those with the greatest improvement. Savings bonuses refer to payments to hospitals based on costs savings in fee-for-service attributable to hospital HTP efforts.

Please see Appendices A and B for further information.

C. Pay for Reporting and Activity

Hospitals will be asked to implement interventions that will impact HTP measures. In PY1, the timely approval of the application and the implementation plans for the interventions each carry a 1.5% downside risk.

Throughout the HTP, hospitals will be asked to document and report on the activities they are undertaking with the implementation, management, execution, and monitoring of the interventions they have committed to in their applications.

Additionally, hospitals will be asked to report on ongoing community engagement activities. This information, along with any self-reported data associated with HTP measures as a requirement of the program each year, carries a 2% penalty risk for failure to report in a timely and consistent fashion according to established reporting deadlines.

D. Pay for Achievement, Performance, and Improvement

There are two areas of accomplishment recommended within the proposed HTP:

- **Achievement of Project Milestones.** Hospitals will be asked to establish milestones associated with each implemented intervention and the measures they are impacting. These are process measures essential to achieving successful outcomes they will be held to as they implement and execute on their plans. It is proposed that the at-risk percentage will be tied to the successful completion of milestones.
- **Performance or Improvement on Outcome Measures.** Hospitals will be asked to select measures as outlined in the Measurement Scoring section below. After the benchmarking period of PY1 and PY2, hospitals will be at risk to lose an established percentage risk for a given program year if they do not:
 - a. Achieve or exceed the benchmark; or
 - b. Show marked improvement in the measure.

If a hospital achieves or exceeds the benchmark, no penalty is assessed. If a hospital does not meet this criteria, but shows improvement greater than the trend or target, the penalty will be half of the at-risk percentage.

Those that fail to do either a. or b. above will face a penalty of the full at-risk percentage. The penalty will be calculated based on the total point value of measures missed divided by 100. That percentage will be applied to

the percentage at risk to determine the penalty percentage applied to the supplemental payments.

See Appendices A and B for further information.

IV. Measurement Scoring

Data obtained from multiple sources to assess hospital performance were used to inform measures creation. Such sources of data include, but are not limited to: Medicaid claims data, hospital data self-reported to the Department on selected measures subject to review and other public sources.

The proposal for calculating the total required effort for measures is that each hospital will be required to work on a set of measures equal to 100 points. The number, mix and points per measure will vary according to hospital size, defined by bed count or specialty type. Hospitals have the option to work on local measures beyond the required minimum. This would spread the local measure risk by reducing the points per local measure.

Large hospitals (91+ beds) will be accountable for six state measures, totaling 60 points and a minimum of four local measures, which will account for 40 points. Points per local measure will equal 40 divided by the number of local measures selected.

Medium hospitals (26-90 beds), will be accountable for six state measures and a minimum of two local measures. If two measures are selected, statewide measures will total 75 points, and local measures will account for 25 points. Points per local measure will equal 25 divided by the number of local measures selected. If three local measures are selected, then statewide measures will total 67 points and local measures will account for 33 points. Points per local measure will equal 33 divided by the number of local measures selected. If four or more local measures are selected, then statewide measures will then total 60 points and local measures will account for 40 points. Points per local measure will equal 40 divided by the number of local measures selected for four or more local measures.

Small hospitals (<26 beds) will be accountable for six measures (statewide or local) to account for 100 points. Points per each measure will equal 100 divided by the number of measures selected.

Pediatric hospitals will be accountable for five statewide measures, totaling 50 points and a minimum of five local measures, which will account for 50 points. Points per local measure will equal 50 divided by the number of local measures selected.

Respiratory specialty hospital(s) will be accountable for five statewide measures, one of which must be *“Pediatric screening for depression in inpatient and emergency department (ED) including suicide risk,”* and a minimum of three local measures. If three local measures are selected then statewide measures will total 62.5 points and local measures will account for 37.5 points. Points per local measure will equal 37.5 divided by the number of local measures selected. If four measures are selected then statewide measures will total 56 points and local measures will account for 44 points. Points per local measure will equal 44 divided by the number of local measures selected. If five or more measures are selected, then statewide measures will total 50 points and local measures will total 50 points. Points per local measure will equal 50 divided by the number of local measures selected.

As noted above, most hospitals will be accountable for certain statewide measures including at least one in each of the following areas:

- **Reducing avoidable hospital utilization**
- **Vulnerable populations**
- **Behavioral health and substance use disorder**
- **Clinical and operational efficiencies**
- **Population health and total cost of care**

In addition, all hospitals will be asked to select from a series of local measures across these five areas to achieve the needed total point score. Hospitals have the option to replace a local measure with a statewide priority. Statewide priorities in the program are conversion of hospital-owned free-standing emergency departments (FSED) or creation of dual-track emergency

departments. Each statewide priority will be worth 20 points and if selected the points for each remaining local measure will equal the remaining total required local measure points divided by the number of local measures.

As noted in Section III.A, above, the projects and measures will be risk-scored as follows based on milestones and achievement and their relative points:

- **PY1:** 1.5% at risk for performance-improvement plan with milestones in year 2 and 3 and outcome improvement in years 3 to 5
- **PY2:** 4% risk for achievement of milestones
- **PY3:** 8% risk for milestones and 5% risk for measures
- **PY4:** 18% risk for measures
- **PY5:** 20% risk for measures and 8% risk for sustainability plan

Please see Appendix B for an example of the scoring rubric for use under this framework.

V. Statewide Measures, Local Measures, State Priorities, and Complementary Efforts

A. Statewide Measures

For each focus area, there will be at least one statewide measure required for all HTP-participating hospitals. The focus area related to Behavioral Health and Substance Use Disorder is the only area that will have more than one measure considered statewide. Below are examples of proposed statewide measures for the program.

- Reducing Avoidable Hospital Utilization
 - ✓ Adult 30-day all cause risk adjusted readmission rate.
 - ✓ Pediatric all condition readmission measure.
- Vulnerable Populations
 - ✓ Social determinants of health screening and notification.
- Behavioral Health and Substance Use Disorder
 - ✓ Care program for patients with principal or secondary diagnosis of mental illness and/or a principal or secondary diagnosis of substance

use disorder (SUD) Pediatric screening for depression in inpatient and emergency department (ED) including suicide risk.

- ✓ Using alternatives to opioids (ALTO's) in hospital ED's - Decrease opioid use and increase use of ALTO's.
- Clinical and Operational Efficiencies
 - ✓ Hospital Index.
- Population Health and Total Cost of Care
 - ✓ Severity adjusted length of stay (LOS).

B. Local Measure

Hospitals will be asked to select from a list of local measures to comprise the remainder of their measurement score. The combination of local measures selected should be reflective of the community needs identified in the Community and Health Neighborhood Engagement (CHNE) process. The Department has worked with quality measures workgroups to identify local measures for the program. Such measures may include:

- Reducing Avoidable Hospitalizations:
 - ✓ Connection to patient centered medical home provider (PCMP) prior to discharge and initial appointment made and notification to the regional accountability entities (RAE). ED visits for which the member received follow-up within 30 days of the ED visit. Home management plan of care (HMPC) Document given to pediatric asthma patient/caregiver. Percentage of patients with ischemic stroke who are discharged on statin medication.
 - ✓ Vulnerable Populations: Readmission rate for a high frequency chronic condition - 30-day adult/30 day pediatric. Pediatric Bronchiolitis - Appropriate use of testing and treatment. Pediatric Sepsis - Time to antibiotics in the emergency department, early identification. Screening for transitions of care supports in adults with disabilities Reducing obstetric complications -Obstetrical (OB) Complication Composite Index. Screening and referral for perinatal and post-partum depression, and anxiety and notification of positive screens to the RAE.
- Behavioral Health/Substance Use Disorder:
 - ✓ Screening, Brief Intervention and Referral to Treatment (SBIRT) in the ED.
 - ✓ Initiation of Medication Assisted Treatment (MAT) the ED.

- Clinical and Operating Efficiencies:
 - ✓ Increase the successful transmission of a transition record to a patient's primary care physician or other healthcare professional within 24 hours of discharge from an inpatient facility.
 - ✓ Implementation/expansion of patient telemedicine visits.
 - ✓ Implementation/expansion of clinician to clinician e-Consults.
 - ✓ Energy Star Certification Achievement and Score Improvement for Hospitals.
- Population Health and Total Cost of Care:
 - ✓ Increase access to contraceptive care - long acting reversible contraceptives
 - ✓ Increase access to contraceptive care- long acting reversible contraceptives (LARC) for adolescents
 - ✓ Increase the percentage of patients who had a well visit within a rolling 12-month period
 - ✓ Increase the number of patients seen by co-Responder hospital staff
 - ✓ Improve management cultural competency

C. State Priorities

Under the HTP, the Department will provide added weight to certain statewide priority opportunities as an incentive for hospitals to undertake these efforts, when applicable. These priorities are concentrated in the Community Development Efforts to impact the Population Health and Total Cost of Care focus areas. Hospitals may select the free-standing emergency departments (FSED) or creation of dual-track emergency departments for 20% each of their total effort, in lieu of a local measure.

- Conversion of hospital-owned FSED to address community needs, such as behavior health and maternal health. The creation of dual-track emergency departments.

D. Complementary Statewide Efforts

Within certain focus areas, there will be some complementary statewide efforts HTP participating hospitals will be asked to align with or engage in along with HTP efforts. These complementary efforts will correspond with the Community and Health Neighborhood Engagement (CHNE) process, vulnerable populations, and BH and SUD coordination.

- A discussion of hospital inventory and capacity will be a part of the CHNE.
- Engagement with a multi-provider consensus quality measure and alternative payment methodology (APM) collaborative.
- Use of the Advanced Care Plan Repository and Education Tools.
- Use of the Medication (Rx) Prescribing Tool (which is being expanded to include health improvement program and opioid addiction prevention insights for prescribers).
- Real time data sharing and ADT standards.
- Defining and identifying Centers of Excellence.
- Where capacity and need align, obtain necessary enrollment to provide beds for residential and inpatient substance use disorder (SUD) services following approval of the Department's SUD Waiver.
- Participation in a rural hospital grant program for certain qualified hospitals.

VI. Appendix A - Financing Risk

HTP Year	Total % At-Risk (Downside)	Upside Risk	Description of Activities At-Risk	% At-Risk by Activity
Year 1	4	Redistribution of penalties from Year 1	Community and Health Neighborhood Engagement Reporting	0
			Application Approved Q1	1.5
			Implementation Plan with Milestones Approved Q2	1.5
			Timely Reporting	1
Year 2	6	Redistribution of penalties from Year 2	Timely Reporting	2
			Meeting Major Milestones	4
Year 3	10	Redistribution of penalties from Year 3	Timely Reporting	2
			Meeting Major Milestones Course Corrections	8
			Meet or Exceed Measurement or Improvement Threshold	5
Year 4	20	Redistribution of penalties from Year 4 and shared savings	Timely Reporting	2
			Meet or Exceed Measurement or Improvement Threshold	18
Year 5	30	Redistribution of penalties from Year 5 and shared savings	Timely Reporting	2
			Sustainability Plan	8
			Meet or Exceed Measurement or Improvement Threshold	20

VII. Appendix B - Stacked Scoring Examples

A. Large Hospital (91+ beds)

Hospital A - LARGE

Hospital A - LARGE															
Annual Payment \$15,000,000	Year 1			Year 2			Year 3			Year 4			Year 5		
	Application and Implementation plan approved, Timely Reporting of Activities			Timely Reporting of Activities, Benchmarking, Project Milestones			Timely Reporting of Activities, Project Milestones, Performance			Timely Reporting of Activities, Performance			Timely Reporting of Activities, Performance, Sustainability Plan		
	At Risk Category	% at risk	4%	% at risk	6%	% at risk	15%	% at risk	20%	% at risk	30%				
	Application	1.5%		-		-		-		-					
	Implementation Plan	1.5%		-		-		-		-					
	Timely Reporting	1%		2%		2%		2%		2%					
	Milestones	-		4%		8%		-		-					
	Performance	-		-		5%		18%		20%					
	Sustainability Plan	-		-		-		-		8%					
	Year 1			Year 2			Year 3			Year 4			Year 5		
Application and Implementation plan approved, Timely Reporting of Activities			Timely Reporting of Activities, Project Milestones			Timely Reporting of Activities, Project Milestones, Performance			Timely Reporting of Activities, Performance			Timely Reporting of Activities, Performance, Sustainability Plan			
Reporting															
Application	Met	-	NA	-	NA	-	NA	-	NA	-	NA				
Implementation Plan	Not Met	1.5%	NA	-	NA	-	NA	-	NA	-	NA				
Reporting Q1	NA	-	Not Met	0.5%	Not Met	0.5%	Met	-	Not Met	0.5%	Met	0.5%			
Reporting Q2	NA	-	Met	-	Met	-	Met	-	Met	-	Met	-			
Reporting Q3	Not Met	0.5%	Met	-	Met	-	Met	-	Met	-	Met	-			
Reporting Q4	Met	-	Met	-	Not Met	0.5%	Not Met	0.5%	Met	-	Met	-			
Sustainability Plan	NA	-	NA	-	NA	-	NA	-	Not Met	8.0%					
Reporting Penalty		2.0%	0.5%	1.0%	0.5%	8.5%	12.5%	\$1,875,000.0							
Project Milestones															
Project 1	NA	-	Met	-	Met	-	NA	-	NA						
Project 2	NA	-	Not Met	0.5%	Not Met	1.0%	NA	-	NA						
Project 3	NA	-	Met	-	Met	-	NA	-	NA						
Project 4	NA	-	Met	-	Met	-	NA	-	NA						
Project 5	NA	-	Met	-	Met	-	NA	-	NA						
Project 6	NA	-	Met	-	Not Met	1.0%	NA	-	NA						
Project 7	NA	-	Met	-	Met	-	NA	-	NA						
Project 8	NA	-	Met	-	Met	-	NA	-	NA						
Milestone Penalty		0.0%	0.5%	2.0%	0	0.0%	0	0.0%	2.5%	\$375,000.0					
Points															
Measures		NA	-	NA	-	Not Met	0.5%	Met	-	Met	-				
10	RAH Statewide	NA	-	NA	-	Met	-	Met	-	Met	-				
10	Local	NA	-	NA	-	Not Met	0.5%	Met	-	Met	-				
10	VP Statewide	NA	-	NA	-	Met	-	Not Met	1.8%	Met	-				
10	Local	NA	-	NA	-	Met	-	Met	-	Met	-				
10	BH/SUD Statewide	NA	-	NA	-	Met	-	Met	-	Met	-				
10	BH/SUD Statewide	NA	-	NA	-	Met	-	Met	-	Met	-				
10	COE Statewide	NA	-	NA	-	Met	-	Met	-	Not Met	2.0%				
10	Local	NA	-	NA	-	Met	-	Met	-	Met	-				
10	Pop Health Statewide	NA	-	NA	-	Met	-	Met	-	Met	-				
10	Local	NA	-	NA	-	Met	-	Met	-	Met	-				
100	Performance Penalty	0.0%	0.0%	1.0%	1.8%	2.0%	4.8%	\$720,000.0	\$2,970,000.0						
Total Penalty		2.0%	1.0%	4.0%	2.3%	10.5%	19.8%	\$300,000.0	\$150,000.0	\$600,000.0	\$345,000.0	\$1,575,000.0	\$2,970,000.0	\$0.00	

B. Medium Hospital (26-90 beds)

Hospital B - MEDIUM

Annual Payment
\$15,000,000

		Year 1		Year 2		Year 3		Year 4		Year 5	
		Application and Implementation plan approved, Timely Reporting of Activities		Timely Reporting of Activities, Benchmarking, Project Milestones		Timely Reporting of Activities, Project Milestones, Performance		Timely Reporting of Activities, Performance		Timely Reporting of Activities, Performance, Sustainability Plan	
At Risk Category	% at risk	4%		% at risk	6%	% at risk	15%	% at risk	20%	% at risk	30%
Application	1.5%			-		-		-		-	
Implementation Plan	1.5%			-		-		-		-	
Timely Reporting	1%			2%		2%		2%		2%	
Milestones	-			4%		8%		-		-	
Performance	-			-		5%		18%		20%	
Sustainability Plan	-			-		-		-		8%	
		Year 1		Year 2		Year 3		Year 4		Year 5	
		Application and Implementation plan approved, Timely Reporting of Activities		Timely Reporting of Activities, Project Milestones		Timely Reporting of Activities, Project Milestones, Performance		Timely Reporting of Activities, Performance		Timely Reporting of Activities, Performance, Sustainability Plan	
Reporting											
Application	Met	-		NA	-	NA	-	NA	-	NA	
Implementation Plan	Not Met	1.5%		NA	-	NA	-	NA	-	NA	
Reporting Q1	NA	-		Not Met	0.5%	Not Met	0.5%	Met	-	Not Met	0.5%
Reporting Q2	NA	-		Met	-	Met	-	Met	-	Met	-
Reporting Q3	Not Met	0.5%		Met	-	Met	-	Met	-	Met	-
Reporting Q4	Met	-		Met	-	Not Met	0.5%	Not Met	0.5%	Met	-
Sustainability Plan	NA	-		NA	-	NA	-	NA	-	Not Met	8.0%
Reporting Penalty		2.0%		0.5%		1.0%		0.5%		8.5%	
Project Milestones											
Project 1	NA	-		Met	-	Met	-	NA	-	NA	
Project 2	NA	-		Not Met	0.5%	Not Met	1.0%	NA	-	NA	
Project 3	NA	-		Met	-	Met	-	NA	-	NA	
Project 4	NA	-		Met	-	Met	-	NA	-	NA	
Project 5	NA	-		Met	-	Met	-	NA	-	NA	
Project 6	NA	-		Met	-	Not Met	1.0%	NA	-	NA	
Project 7	NA	-		Met	-	Met	-	NA	-	NA	
Project 8	NA	-		Met	-	Met	-	NA	-	NA	
Milestone Penalty		0.0%		0.5%		2.0%		0	0.0%	0	0.0%
Points	Measures										
12.5	RAH Statewide	NA	-	NA	-	Not Met	0.5%	Met	-	Met	-
12.5	Local	NA	-	NA	-	Met	-	Met	-	Met	-
12.5	VP Statewide	NA	-	NA	-	Not Met	0.5%	Met	-	Met	-
12.5	Local	NA	-	NA	-	Met	-	Not Met	1.8%	Met	-
12.5	BH/SUD Statewide	NA	-	NA	-	Met	-	Met	-	Met	-
12.5	BH/SUD Statewide	NA	-	NA	-	Met	-	Met	-	Met	-
12.5	COE Statewide	NA	-	NA	-	Met	-	Met	-	Not Met	2.0%
12.5	Pop Health Statewide	NA	-	NA	-	Met	-	Met	-	Met	-
100	Performance Penalty	0.0%		0.0%		1.0%		1.8%		2.0%	
	Total Penalty	2.0%		1.0%		4.0%		2.3%		10.5%	
		\$300,000.0		\$150,000.0		\$600,000.0		\$345,000.0		\$1,575,000.0	
										\$2,970,000.0	

\$2,970,000.0
\$0.0

C. Small Hospital (<26 beds)

Hospital C - SMALL

Annual Payment
\$15,000,000

	Year 1		Year 2		Year 3		Year 4		Year 5	
	Application and Implementation plan approved, Timely Reporting of Activities		Timely Reporting of Activities, Benchmarking, Project Milestones		Timely Reporting of Activities, Project Milestones, Performance		Timely Reporting of Activities, Performance		Timely Reporting of Activities, Performance, Sustainability Plan	
At Risk Category	% at risk	4%	% at risk	6%	% at risk	15%	% at risk	20%	% at risk	30%
Application	1.5%		-		-		-		-	
Implementation Plan	1.5%		-		-		-		-	
Timely Reporting	1%		2%		2%		2%		2%	
Milestones	-		4%		8%		-		-	
Performance	-		-		5%		18%		20%	
Sustainability Plan	-		-		-		-		8%	
	Year 1		Year 2		Year 3		Year 4		Year 5	
	Application and Implementation plan approved, Timely Reporting of Activities		Timely Reporting of Activities, Project Milestones		Timely Reporting of Activities, Project Milestones, Performance		Timely Reporting of Activities, Performance		Timely Reporting of Activities, Performance, Sustainability Plan	

Reporting

Application	Met	-	NA	-	NA	-	NA	-	NA	-
Implementation Plan	Not Met	1.5%	NA	-	NA	-	NA	-	NA	-
Reporting Q1	NA	-	Not Met	0.5%	Not Met	0.5%	Met	-	Not Met	0.5%
Reporting Q2	NA	-	Met	-	Met	-	Met	-	Met	-
Reporting Q3	Not Met	0.5%	Met	-	Met	-	Met	-	Met	-
Reporting Q4	Met	-	Met	-	Not Met	0.5%	Not Met	0.5%	Met	-
Sustainability Plan	NA	-	NA	-	NA	-	NA	-	Not Met	8.0%
Reporting Penalty		2.0%		0.5%		1.0%		0.5%		8.5%

Project Milestones

Project 1	NA	-	Met	-	Met	-	NA	-	NA	-
Project 2	NA	-	Not Met	0.5%	Not Met	1.0%	NA	-	NA	-
Project 3	NA	-	Met	-	Met	-	NA	-	NA	-
Project 4	NA	-	Met	-	Met	-	NA	-	NA	-
Project 5	NA	-	Met	-	Met	-	NA	-	NA	-
Project 6	NA	-	Met	-	Not Met	1.0%	NA	-	NA	-
Project 7	NA	-	Met	-	Met	-	NA	-	NA	-
12.5% Project 8	NA	-	Met	-	Met	-	NA	-	NA	-
Milestone Penalty		0.0%		0.5%		2.0%	0	0.0%	0	0.0%

Points

Measures												
16.66667 RAH Statewide/Local	NA	-	NA	-	Not Met	0.5%	Met	-	Met	-		
16.66667 VP Statewide/Local	NA	-	NA	-	Met	-	Met	-	Met	-		
16.66667 BH/SUD Statewide/Local	NA	-	NA	-	Not Met	0.5%	Met	-	Met	-		
16.66667 COE Statewide/Local	NA	-	NA	-	Met	-	Not Met	1.8%	Met	-		
16.66667 Pop Health Statewide/Local	NA	-	NA	-	Met	-	Met	-	Met	-		
16.66667 BH/SUD Statewide	NA	-	NA	-	Met	-	Met	-	Met	2.0%		
100 Performance Penalty		0.0%		0.0%		1.0%		1.8%		2.0%	4.8%	\$720,000.0
Total Penalty		2.0%		1.0%		4.0%		2.3%		10.5%	19.8%	
		\$300,000.0		\$150,000.0		\$600,000.0		\$345,000.0		\$1,575,000.0	\$2,970,000.0	

\$2,970,000.0

\$0.0

D. Pediatric Hospital

Hospital D - PEDIATRIC

Annual Payment
\$15,000,000

		Year 1		Year 2		Year 3		Year 4		Year 5	
		Application and Implementation plan approved, Timely Reporting of Activities		Timely Reporting of Activities, Benchmarking, Project Milestones		Timely Reporting of Activities, Project Milestones, Performance		Timely Reporting of Activities, Performance		Timely Reporting of Activities, Performance, Sustainability Plan	
At Risk Category	% at risk	4%		6%		15%		20%		30%	
Application	1.5%										
Implementation Plan	1.5%										
Timely Reporting	1%			2%		2%		2%		2%	
Milestones	-			4%		8%					
Performance	-					5%		18%		20%	
Sustainability Plan	-									8%	
		Year 1		Year 2		Year 3		Year 4		Year 5	
		Application and Implementation plan approved, Timely Reporting of Activities		Timely Reporting of Activities, Project Milestones		Timely Reporting of Activities, Project Milestones, Performance		Timely Reporting of Activities, Performance		Timely Reporting of Activities, Performance, Sustainability Plan	
Reporting											
Application	Met	-		NA	-	NA	-	NA	-	NA	
Implementation Plan	Not Met	1.5%		NA	-	NA	-	NA	-	NA	
Reporting Q1	NA	-		Not Met	0.5%	Not Met	0.5%	Met	-	Not Met	0.5%
Reporting Q2	NA	-		Met	-	Met	-	Met	-	Met	-
Reporting Q3	Not Met	0.5%		Met	-	Met	-	Met	-	Met	-
Reporting Q4	Met	-		Met	-	Not Met	0.5%	Not Met	0.5%	Met	-
Sustainability Plan	NA	-		NA	-	NA	-	NA	-	Not Met	8.0%
Reporting Penalty		2.0%			0.5%		1.0%		0.5%		8.5%
Project Milestones											
Project 1	NA	-		Met	-	Met	-	NA	-	NA	
Project 2	NA	-		Not Met	0.5%	Not Met	1.0%	NA	-	NA	
Project 3	NA	-		Met	-	Met	-	NA	-	NA	
Project 4	NA	-		Met	-	Met	-	NA	-	NA	
Project 5	NA	-		Met	-	Met	-	NA	-	NA	
Project 6	NA	-		Met	-	Not Met	1.0%	NA	-	NA	
Project 7	NA	-		Met	-	Met	-	NA	-	NA	
Project 8	NA	-		Met	-	Met	-	NA	-	NA	
Milestone Penalty		0.0%			0.5%		2.0%	0	0.0%	0	0.0%
Points											
Measures											
10	RAH Statewide	NA	-	NA	-	Not Met	0.5%	Met	-	Met	-
10	Local	NA	-	NA	-	Met	-	Met	-	Met	-
10	VP Statewide	NA	-	NA	-	Not Met	0.5%	Met	-	Met	-
10	Local	NA	-	NA	-	Met	-	Not Met	1.8%	Met	-
10	BH/SUD Statewide	NA	-	NA	-	Met	-	Met	-	Met	-
10	Local	NA	-	NA	-	Met	-	Met	-	Met	-
10	COE Statewide	NA	-	NA	-	Met	-	Met	-	Not Met	2.0%
10	Pop Health Statewide	NA	-	NA	-	Met	-	Met	-	Met	-
10	Local	NA	-	NA	-	Met	-	Met	-	Met	-
10	Local	NA	-	NA	-	Met	-	Met	-	Met	-
100	Performance Penalty		0.0%		0.0%		1.0%		1.8%		2.0%
Total Penalty		2.0%		1.0%		4.0%		2.3%		10.5%	19.8%
		\$300,000.0		\$150,000.0		\$600,000.0		\$345,000.0		\$1,575,000.0	\$2,970,000.0

\$2,970,000.0
\$0.0

E. Respiratory Specialty Hospital

Hospital D - RESPIRATORY SPECIALTY

Annual Payment
\$15,000,000

	Year 1		Year 2		Year 3		Year 4		Year 5	
	Application and Implementation plan approved, Timely Reporting of Activities		Timely Reporting of Activities, Benchmarking, Project Milestones		Timely Reporting of Activities, Project Milestones, Performance		Timely Reporting of Activities, Performance		Timely Reporting of Activities, Performance, Sustainability Plan	
At Risk Category	% at risk	4%	% at risk	6%	% at risk	15%	% at risk	20%	% at risk	30%
Application	1.5%		-		-		-		-	
Implementation Plan	1.5%		-		-		-		-	
Timely Reporting	1%		2%		2%		2%		2%	
Milestones	-		4%		8%		-		-	
Performance	-		-		5%		18%		20%	
Sustainability Plan	-		-		-		-		8%	
	Year 1		Year 2		Year 3		Year 4		Year 5	
	Application and Implementation plan approved, Timely Reporting of Activities		Timely Reporting of Activities, Project Milestones		Timely Reporting of Activities, Project Milestones, Performance		Timely Reporting of Activities, Performance		Timely Reporting of Activities, Performance, Sustainability Plan	

Reporting

Application	Met	-	NA	-	NA	-	NA	-	NA	-
Implementation Plan	Not Met	1.5%	NA	-	NA	-	NA	-	NA	-
Reporting Q1	NA	-	Not Met	0.5%	Not Met	0.5%	Met	-	Not Met	0.5%
Reporting Q2	NA	-	Met	-	Met	-	Met	-	Met	-
Reporting Q3	Not Met	0.5%	Met	-	Met	-	Met	-	Met	-
Reporting Q4	Met	-	Met	-	Not Met	0.5%	Not Met	0.5%	Met	-
Sustainability Plan	NA	-	NA	-	NA	-	NA	-	Not Met	8.0%
Reporting Penalty		2.0%		0.5%		1.0%		0.5%		8.5%

Project Milestones

Project 1	NA	-	Met	-	Met	-	NA	-	NA	-
Project 2	NA	-	Not Met	0.5%	Not Met	1.0%	NA	-	NA	-
Project 3	NA	-	Met	-	Met	-	NA	-	NA	-
Project 4	NA	-	Met	-	Met	-	NA	-	NA	-
Project 5	NA	-	Met	-	Met	-	NA	-	NA	-
Project 6	NA	-	Met	-	Not Met	1.0%	NA	-	NA	-
Project 7	NA	-	Met	-	Met	-	NA	-	NA	-
12.5% Project 8	NA	-	Met	-	Met	-	NA	-	NA	-
Milestone Penalty		0.0%		0.5%		2.0%	0	0.0%	0	0.0%

Points

Measures												
12.5	RAH Statewide	NA	-	NA	-	Not Met	0.5%	Met	-	Met	-	
12.5	VP Statewide	NA	-	NA	-	Not Met	0.5%	Met	-	Met	-	
12.5	BH/SUD Statewide	NA	-	NA	-	Met	-	Met	-	Met	-	
12.5	COE Statewide	NA	-	NA	-	Met	-	Met	-	Not Met	2.0%	
12.5	Pop Health Statewide	NA	-	NA	-	Met	-	Met	-	Met	-	
12.5	Local	NA	-	NA	-	Met	-	Not Met	1.8%	Met	-	
12.5	Local	NA	-	NA	-	Met	-	Met	-	Met	-	
12.5	Local	NA	-	NA	-	Met	-	Met	-	Met	-	
100	Performance Penalty		0.0%		0.0%		1.0%		1.8%		2.0%	4.8%
	Total Penalty		2.0%		1.0%		4.0%		2.3%		10.5%	19.8%
			\$300,000.0		\$150,000.0		\$600,000.0		\$345,000.0		\$1,575,000.0	\$2,970,000.0

\$2,970,000.0
\$0.0